

10 DEC 2004

**ORIGINAL**

PTO-1390 (Rev. 12-2004)

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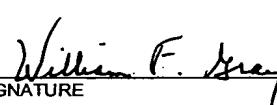
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              |                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              | ATTORNEY'S DOCKET NUMBER<br><b>BY-RCK-29</b><br>U.S. APPLICATION NO. (If known, See 37 CFR 1.5)<br><b>107517677</b> |
| INTERNATIONAL APPLICATION NO.<br><b>PCT/EP03/05705</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INTERNATIONAL FILING DATE<br><b>30 May 2003 (30.05.2003)</b> | PRIORITY DATE CLAIMED<br><b>12 June 2002 (12.06.2002)</b>                                                           |
| TITLE OF INVENTION <b>2-NAPHTHAMIDE DERIVATIVES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |                                                                                                                     |
| APPLICANT(S) FOR DO/EO/US <b>Shimazaki, et al.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                                                                                                                     |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              |                                                                                                                     |
| <p>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input checked="" type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))           <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ul> </p> <p>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).           <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ul> </p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input checked="" type="checkbox"/> have not been made and will not be made.</li> </ul> </p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</p> <p>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</p> |                                                              |                                                                                                                     |
| Items 11 to 20 below concern document(s) or information included:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |                                                                                                                     |
| <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input type="checkbox"/> A preliminary amendment.</p> <p>14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821- 1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information:           <ul style="list-style-type: none"> <li>1) Certificate of Mailing under 37 C.F.R. 1.10;</li> <li>2) Transmittal of Information Disclosure Statement under 37 C.F.R. 1.97(b);</li> <li>3) Information Disclosure Citation (Modified Form PTO-1449) and copies of references cited therein; and</li> <li>4) Return Receipt Postcard.</li> </ul> </p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                              |                                                                                                                     |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                               |            |                          |    |                        |    |                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------|------------|--------------------------|----|------------------------|----|-------------------|--|
| U.S. APPLICATION NO. (if known, see 37 CFR 1.5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | INTERNATIONAL APPLICATION NO.                                                 |            | ATTORNEY'S DOCKET NUMBER |    |                        |    |                   |  |
| <b>10/517677</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | <b>PCT/EP03/05705</b>                                                         |            | <b>BY-RCK-29</b>         |    |                        |    |                   |  |
| 21. The following fees are submitted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                               |            |                          |    |                        |    |                   |  |
| <input checked="" type="checkbox"/> a) Basic national fee ..... \$300.00<br><input checked="" type="checkbox"/> b) Examination fee ..... \$200.00<br><input checked="" type="checkbox"/> c) Search fee ..... \$500.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                               |            |                          |    |                        |    |                   |  |
| <b>TOTAL OF ABOVE CALCULATIONS = \$1000.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                               |            |                          |    |                        |    |                   |  |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                               |            |                          |    |                        |    |                   |  |
| Total Sheets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Extra sheets | Number of each additional 50 or fraction thereof (round up to a whole number) |            | RATE                     |    |                        |    |                   |  |
| - 100 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | /50 =        |                                                                               |            | x \$250.00               | \$ |                        |    |                   |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                               |            |                          |    |                        |    |                   |  |
| CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NUMBER FILED | NUMBER EXTRA                                                                  | RATE       |                          | \$ |                        |    |                   |  |
| Total claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | - 20 =       | <b>0</b>                                                                      | x \$50.00  |                          | \$ |                        |    |                   |  |
| Independent claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - 3 =        | <b>0</b>                                                                      | x \$200.00 |                          | \$ |                        |    |                   |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | <b>0</b>                                                                      | + \$360.00 |                          | \$ |                        |    |                   |  |
| <b>TOTAL OF ABOVE CALCULATIONS = \$ 1000.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                               |            |                          |    |                        |    |                   |  |
| <b>Submission of Information Disclosure Statement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                               |            |                          |    |                        |    |                   |  |
| <b>SUBTOTAL = \$ 1000.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                               |            |                          |    |                        |    |                   |  |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                               |            |                          |    |                        |    |                   |  |
| <b>TOTAL NATIONAL FEE = \$ 1000.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                               |            |                          |    |                        |    |                   |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                               |            |                          |    |                        |    |                   |  |
| <b>TOTAL FEES ENCLOSED = \$ 1000.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                               |            |                          |    |                        |    |                   |  |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Amount to be refunded:</td> <td style="width: 50%;">\$</td> </tr> <tr> <td colspan="2"><b>\$ 1000.00</b></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                               |            |                          |    | Amount to be refunded: | \$ | <b>\$ 1000.00</b> |  |
| Amount to be refunded:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$           |                                                                               |            |                          |    |                        |    |                   |  |
| <b>\$ 1000.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                               |            |                          |    |                        |    |                   |  |
| <p>a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.</p> <p>b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <b>13-3372</b> in the amount of \$ <b>1000.00</b> to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <b>13-3372</b>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> |              |                                                                               |            |                          |    |                        |    |                   |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                               |            |                          |    |                        |    |                   |  |
| SEND ALL CORRESPONDENCE TO: Customer No. 35969                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                               |            |                          |    |                        |    |                   |  |
| <b>Jeffrey M. Greenman</b><br><b>Bayer Pharmaceuticals Corporation</b><br><b>400 Morgan Lane</b><br><b>West Haven, CT 06516</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                               |            |                          |    |                        |    |                   |  |
| <br>SIGNATURE<br><b>William F. Gray</b><br>NAME<br><b>31, 018</b><br>REGISTRATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                               |            |                          |    |                        |    |                   |  |

10/517677

D112 Rec'd PCT/PTO 10 DEC 2004

Attorney's Docket No. RCK 29

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **Shimazaki, et al.**

Serial No.: [to be assigned] National Stage Filing of PCT/EP03/05705

Filed: herewith

For: **2-NAPHTHAMIDE DERIVATIVES**

**MAIL STOP PCT  
COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450**

**CERTIFICATE OF MAILING UNDER 37 CFR 1.10**

I hereby certify that the *attached* correspondence comprising:

- Transmittal Letter to the United States Designated/Elected Office (DO/EO/US) Concerning a Filing under 35 U.S.C. 371 [IN DUPLICATE];
- Application Data Sheet under 37 C.F.R. 1.76;
- Preliminary Amendment;
- Original oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4));
- English Translation of the Application (35 U.S.C. 371(c)(2));
- Copy of the International Application as filed (35 U.S.C. 371(c)(2));
- Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98 consisting of Transmittal of Information Disclosure Statement under 37 C.F.R. 1.97(b), Information Disclosure Citation (Modified Form PTO-1449) and copies of references cited therein;
- Return Receipt Post Card;
- Other:

is, on the date shown below, being deposited with the United States Postal Service, in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number ED 014833083US addressed to:

*Mail Stop PCT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450*

*10 December '04*

Date

Signature of Person Certifying /William F. Gray